

10/29/2007 14:12 FAX

MERCHANT & GOULD

RECEIVED
CENTRAL FAX CENTER

001/006

OCT 29 2007

Merchant & Gould P.C.
3200 IDS Center
80 South Eighth Street
Minneapolis, MN 55402-2215

A Professional Corporation

Merchant & Gould
An Intellectual Property Law Firm

Fax Transmission | October 29, 2007

TO:

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	FROM: Gregory A. Sebald OUR REF: 12684.0018USWO TELEPHONE: 612.336.4728
--	---

Total pages, including cover letter: 6

PTO FAX NUMBER 1-571-273-8300

If you do NOT receive all of the pages, please telephone us at 612.332.5300, or fax us at 612.332.9081.

Title of Document Transmitted: Supplemental Application Data Sheet
Applicant: KREUTZMANN et al.
Serial No.: 10/575,933
Filed: 15 November 2006
Group Art Unit: 3743
Our Ref. No. 12684.0018USWO
Confirmation No. 7049

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
Name: Gregory A. Sebald
Reg. No.: 33,280

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Erik Romsaas


Signature

10/29/07
Date

GEN033.DOT

PAGE 1/6 * RCVD AT 10/29/2007 3:09:41 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/3 * DNIS:2738300 * CSID: * DURATION (mm:ss):01-08

RECEIVED
CENTRAL FAX CENTER

OCT 29 2007

Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD_R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence Submission:: No
Computer Readable Form (CRF)?:: No
Title:: INHALATION THERAPY DEVICE WITH A
NOZZLE NEBULISER
Attorney Docket Number:: 12684.0018USWO
Request For Early Publication:: No
Request For Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity:: No
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Supplemental 10/575,933 10/26/07 filed 04/14/06

Page # 1

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Vera
Middle Name::
Family Name:: KREUTZMANN
Name Suffix::
City of Residence:: Seefeld
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Höhenstrasse 21 b
City of mailing address:: Seefeld
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 82229

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Frank
Middle Name::
Family Name:: KUMMER
Name Suffix::
City of Residence:: Munich Oberschleißheim
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Ainderfer Strasse 109 Haselsbergerstrasse 27

Supplemental 10/575,933 10/26/07 filed 04/14/06

Page # 2

City of mailing address:: Munich Oberschleißheim
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 80689- 85764

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Markus
Middle Name::
Family Name:: MORNHINWEG
Name Suffix::
City of Residence:: Diessen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Von-Eichendorff-Strasse 43-b
City of mailing address:: Diessen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 86911

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Sven
Middle Name::

Supplemental 10/575,933 10/26/07 filed 04/14/06

Page # 3

Family Name:: ROSENBEIGER
Name Suffix::
City of Residence:: Lübeck Sternberg
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Wakenitzufer 46 Bahnhofstrasse 5
City of mailing address:: Lübeck Sternberg
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 23564- 82319

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Titus
Middle Name::
Family Name:: SELZER
Name Suffix::
City of Residence:: Munich
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Fürstenrieder Strasse 141
City of mailing address:: Munich
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 80686

Correspondence Information**Correspondence Customer Number::** 23552**Representative Information**

Representative Customer Number::	23552
---	-------

Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This is a	National Stage of	PCT/EP2004/010140	09/10/2004

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	103 48 237.7	10/16/2003	Yes

Assignee Information

Assignee Name:: Parl GmbH Spezialisten für effektive Inhalation
Street of mailing address:: Moosstrasse 3
City of mailing address:: Starnberg
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 82319

Supplemental 10/575,933 10/26/07 filed 04/14/06

Page # 5